



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LISA HETTINGER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

Agenda

Friday March 4, 2016: 10:00AM (MDT) 9:00AM (PDT)

Teleconferencing Available: Call: 1-(877)-820-7831; Participant Code: 978926

Type of Meeting: Solicitation of Public Input – Intent to submit Waiver Amendment

Meeting Facilitator: Matt Wimmer

Open to the General Public

I. Call to Order and Roll Call

II. Purpose of Meeting

In Idaho, the 1915(c) HCBS waiver authority permits the state to offer long-term services and supports to eligible participants to remain in their home and community. The state's approved waiver application acts as an agreement with our federal partners and specifies the operational features of the waiver. If the state wants to change the waiver while it is in effect, it must submit an amendment to CMS for its review and approval.

Recent changes in state law requires the state to update our waiver applications. The majority of planned modifications to the waivers are related to the February 2016 passage of Home and Community Based Service Rules. Additionally, the state is taking this opportunity to implement new federally required quality measures, reflect operational changes, and describe recent activity related to Residential Habilitation Supported Living reimbursement.

III. Review Index of Changes

- Children's Developmental Disability (DD) Waiver
- Act Early Waiver
- Aged and Disabled (A&D) Waiver
- Adult Developmental Disability (DD) Waiver

IV. Presentation of ResHab Supported Living Information

- Cost Study
- Waiver Rate Setting Language

V. Open Discussion
Questions/Answers

VI. Public Comment

Attendees will have the opportunity to comment on our waiver renewal. Comments will be recorded, but will not be responded to at this meeting. We will post responses to in person and in writing comments on our website as we move forward with our waiver amendment.

VII. Follow Up

Current 1915(c) HCBS waivers can be found at:

- IDHW website www.healthandwelfare.idaho.gov
- Choose "medical" from top toolbar
- Under "Program & Services", choose "Medicaid"
- Waiver links at the bottom of the Medicaid home page

The Department will post the index of changes and draft rate setting language to the web site following today's meeting. If you have technical questions regarding a specific waiver please contact:

Aged and Disabled Waiver: Ali Fernandez at FernandA@dhw.idaho.gov or 208-287-1156

Children's DD Waiver and Act Early Waiver: Carolyn Burt at BurtC@dhw.idaho.gov or 208-287-1174

Adult DD Waiver: Stephanie Perry at perrys@dhw.idaho.gov or 208-364-1878

Reimbursement/Rate Setting Methodology: Cale Coyle at CoyleC@dhw.idaho.gov or 208 364-1817

VIII. Submission of Comments

Written or oral comments can be submitted on or before **March 26, 2016** to the following contact:

Stephanie Perry, Alternative Care Coordinator
Idaho Department of Health and Welfare
Division of Medicaid
P.O. Box 83720
Boise, ID 83720-0036
Phone (208) 364-1878 Fax (208) 332-7286
E-mail: perrys@dhw.idaho.gov

Act Early Waiver Amendment: Index of Changes

Section	Changes
Main	Included recent public input activities.
	Include language regarding the status of Idaho's Statewide Transition Plan
Appendix A	Update contractor report timeframes for accuracy
	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix B	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix C	Adjust language to include additional person centered planning requirements as outlined in 16.03.10.
	Insert description of settings, how they meeting HCBS settings requirements and how the state will ascertain that all waiver settings meet HCBS now and ongoing
	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix D	Adjust language to include additional person centered planning requirements as outlined in 16.03.10
	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix E	Adjust language to include additional person centered planning requirements as outlined in 16.03.13.
	Include language on review for Health and Safety factors
Appendix G	Update information on response time frames to coincide with statute
	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix I	Update quality performance measure to align QA system and reflect new CMS requirements
ALL	Removed extraneous characters throughout the waiver application caused by CMS portal error

Children's DD Waiver Amendment: Index of Changes

Section		Changes
Main	6. Additional Requirements	Included recent public input activities.
	A. Attachment #2: HCBS Waiver Transition Plan	Include language regarding the status of Idaho's Statewide Transition Plan
Appendix A	6. Assessment Methods and Frequency	Update contractor report timeframes for accuracy
	Quality Improvement: Waiver Administration	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix B	Quality Improvement: Level of Care	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix C	1. Delivery of Case Management Services, c	Adjust language to include additional person centered planning requirements as outlined in 16.03.10.
	5. Home and Community-Based Settings	Insert description of settings, how they meeting HCBS settings requirements and how the state will ascertain that all waiver settings meet HCBS now and ongoing
	Quality Improvement: Participant Services	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix D	1: Service Plan Development, c, d., e	Adjust language to include additional person centered planning requirements as outlined in 16.03.10
	Quality Improvement: Participant-Centered Planning	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix E	1. Overview, a.	Adjust language to include additional person centered planning requirements as outlined in 16.03.13.
	2. Participant – Budget Authority, b	Include language on review for Health and Safety factors
Appendix G	1. Response to Critical Incidents, d.	Update information on response time frames to coincide with statute
	Quality Improvement: Participant Safeguards	Update quality performance measure to align QA system and reflect new CMS requirements
Appendix I	Quality Improvement: Financial Accountability	Update quality performance measure to align QA system and reflect new CMS requirements
ALL		Removed extraneous characters throughout the waiver application caused by CMS portal error

A&D Waiver Amendment: Index of Changes

Section	Changes
Main	<p>2. Brief Waiver Description Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>6. Additional Requirements Included recent public input activities.</p> <p>A. Attachment #1: Transition Plan Removed transition plan language from previous amendment – not applicable to this amendment.</p> <p>A. Attachment #2: HCBS Waiver Transition Plan Included language regarding the status of Idaho's Statewide Transition Plan.</p>
Appendix A	<p>3. Use of Contracted Entities Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>6. Assessment Methods and Frequency Minor revisions to assessment methods/frequency of MMCP to align with current contract monitoring practices.</p> <p>7. Distribution of Waiver Operational and Administrative Functions Removed "Level of care evaluations" as a Contracted Entity function (MCE no longer performing LOC assessments).</p>
Appendix B	<p>Quality Improvement Updated quality measures to align QA systems and reflect new CMS requirements.</p> <p>2. b. Individual Cost Limit Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>5. Post-Eligibility Treatment of Income, b., d. Revised formula for the personal needs allowance.</p> <p>6. Evaluation/Reevaluation of Level of Care, b., f., i., Quality Improvement Revised language regarding MMCP (MCE no longer performing LOC assessments).</p>
Appendix C	<p>7. Freedom of Choice Updated quality measures to align QA system and reflect new CMS requirements.</p> <p>1. Waiver Services Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>Quality Improvement Included new HCBS taxonomies for each service category.</p> <p>5. Home and Community-Based Settings Updated quality measures to align QA systems and reflect new CMS requirements.</p>
Appendix D	<p>1: Service Plan Development, b., c., d., e., g. Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>2: Service Plan Implementation and Monitoring a. Revised language to reflect person-centered planning requirements in IDAPA 16.03.10.</p> <p>Quality Improvement Minor revisions to reflect changes in data collection at the bureau level – some data elements have shifted from the Nurse Reviewer Home Visit process to the Provider Quality Review process.</p>
Appendix E	<p>Quality Improvement Updated quality measures to align QA systems and reflect new CMS requirements.</p>
Appendix F	<p>1. Overview, a., e., f., j., l., m. Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>3: State Grievance/Complaint System Revised description of Compliant/Critical Incidents system to align with current operational practices and to include a category for HCBS setting requirement complaints.</p>
Appendix G	<p>1: Response to Critical Events or Incidents Revised description of Compliant/Critical Incidents system to align with current operational practices and to include a category for HCBS setting requirement complaints.</p>
Appendix I	<p>3: Medication Management and Administration Revised language regarding MMCP (MCE no longer performing LOC assessments).</p> <p>Quality Improvement Updated quality measures to align QA systems and reflect new CMS requirements.</p> <p>Quality Improvement Updated quality measures to align QA systems and reflect new CMS requirements.</p>
Appendix J	<p>3: Payment, g. Added additional counties in which the MMCP operates as of 1/1/16.</p> <p>2. Derivation of Estimates, d. Revised Estimate of Factor D tables for Waiver Years 4 and 5 to reflect a more accurate percentage of users included under capitated payment (MMCP).</p>
ALL	<p>Removed extraneous characters throughout the waiver application caused by CMS portal error.</p>

Adult DD Waiver Amendment: Index of Changes

Section		Changes
Main	6. Additional Requirements	Include recent public input activities.
	A. Attachment #1: Transition Plan	Remove transition plan language from previous amendment – not applicable to this amendment.
	A. Attachment #2: HCBS Waiver Transition Plan	Include language regarding the status of Idaho's Statewide Transition Plan.
Appendix A	6. Assessment Methods and Frequency	Update contractor report timeframes to align with current contracts.
	Quality Improvement: Waiver Administration	Update quality performance measure to align QA system and reflect new CMS requirements.
	5. Post-Eligibility Treatment of Income, b., d.	Revise formula for needs allowance to reflect change in PNA to 180% of federal SSI amount.
Appendix B	6. Responsibility for performing evaluations , b	Change contractor specific language.
	6. Process for LOC Evaluation, f	Change contractor specific language.
	7. Freedom of Choice, b	Change contractor specific language.
Appendix C	Quality Improvement: Level of Care	Update quality performance measure to align QA system and reflect new CMS requirements.
	1. Delivery of Case Management Services, c	Adjust language to include additional person centered planning requirements as outlined in 16.03.10.
	4. Prospective Individual Budget Amount	Include language on adding budget dollars for medically necessary services needed to ensure participant health and safety.
Appendix D	5. Home and Community-Based Settings	Insert language indicating that Idaho has not yet completed its HCBS assessment of settings.
	Quality Improvement: Participant Services	Update quality performance measure to align QA system and reflect new CMS requirements.
	1: Service Plan Development, c., d., e	Adjust language to include additional person centered planning requirements as outlined in 16.03.10.
Appendix E	Quality Improvement: Participant-Centered Planning	Update quality performance measure to align QA system and reflect new CMS requirements.
	1. Overview, a.	Adjust language to include additional person centered planning requirements as outlined in 16.03.13.
	2. Participant – Budget Authority, b	Include language on adding budget dollars for medically necessary services needed to ensure participant health and safety.
Appendix F	3: State Grievance/Complaint System	Update outdated terminology (ICF/MR).
Appendix G	2: Safeguards, a.	Update information on outcome based reviews to include language on the ASOR.
	Quality Improvement: Participant Safeguards	Update quality performance measure to align QA system and reflect new CMS requirements.
	2: Rate Determination Methods, g.	Describe recent activity related to ResHab Supported Living reimbursement.
Appendix I	Quality Improvement: Financial Accountability	Update quality performance measure to align QA system and reflect new CMS requirements.
		Remove extraneous characters throughout the waiver application caused by CMS portal error.
ALL		

Residential Habilitation Rate Determination Method

In December 2015, the Department notified Residential Habilitation Supported Living providers that reimbursement to Residential Habilitation Agencies was being adjusted effective January, 2016 in response to the Supreme Court of the United States' decision in the case of *Armstrong et al, v. Exceptional Child Center, Inc., et al.*

In response to this notification, participants, advocacy groups and supported living providers expressed concerns that the adjusted rates would create an access issue for participants receiving Supported Living services. As a result of open discussion with providers, participants and the Department, temporary rates were implemented on February 1, 2016 pending the outcome of a Residential Habilitation cost survey.

The temporary rates use inflation as a proxy for costs until the aforementioned cost survey can be completed. The Department implemented the cost survey on March 1, 2016. This cost survey will continue through April 30, 2016. The state plans to review the cost survey data and establish permanent rates by July 31, 2016. In August 2016, the Department anticipates notifying providers, participants and advocates of the new rates with an anticipated effective date of November 1, 2016.

If the temporary rates are 5% higher or lower than the new rates established as a result of the cost survey process, the Department will reconcile the difference with providers back to February 1, 2016.

At this time, no substantive changes are proposed to the Residential Habilitation rate methodology. The results of the current cost survey will inform the state as to what possible clarifications to the rate methodology will be necessary. The state anticipates submitting a waiver amendment in September, 2016 with the results of the cost survey and any rate methodology clarifications needed. If substantive changes are necessary, the state will follow all requirements outlined in 42 CFR §441.304.



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

LISA HETTINGER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

February 29, 2016

Administrator

Subject: Supported Living Services – Residential Habilitation Cost Survey

Dear Administrator:

The Department is writing to notify you that it has contracted with the accounting firm of Myers and Stauffer LC to perform a cost survey to identify the operating expenses related to your provision of Supported Living Services in the Residential Habilitation program.

This cost survey is being conducted in accordance with IDAPA 16.03.10.037.01 and IDAPA 16.03.10.037.04. As stated in IDAPA 16.03.10.037.04, refusal or failure to participate in the cost survey process may result in your disenrollment from the Medicaid program.

This cost survey and instructions will be available for download on February 29, 2016, at <http://www.mslc.com/Idaho>. To find the required file, navigate to the "Downloads" folder and click on the "Supported Living Services" folder.

You must have access to internet services and Microsoft Excel to complete this cost survey. If you do not have access, please contact Krista Stephani at (800) 336-7721, and a paper version of the cost survey will be mailed to you.

Please be aware of these important dates during the cost survey process:

- **February 29, 2016** Survey available for download.
- **March 14, 2016** Webinar at 11:00 am Mountain Time – How to complete the survey. (*See webinar instructions below.*)
- **March 21, 2016** Webinar at 11:00 am Mountain Time – Question and answer follow-up session. (*See webinar instructions below.*)
- **April 30, 2016** Survey due to Myers and Stauffer LC. (*Filing instructions can be found on the survey downloaded from the Myers and Stauffer LC website.*)

Webinar Meeting Instructions:

- **March 14, 2016** Webinar will begin at 11:00 am Mountain Time
 1. Go to: <https://webinar.mslc.com/?meeting=4558455>
 2. Call: 1-888-506-9354
 3. Enter Attendee Code: 3567443

- **March 21, 2016** Webinar will begin at 11:00 am Mountain Time
 1. Go to: <https://webinar.mslc.com/?meeting=8633859>
 2. Call: 1-888-506-9354
 3. Enter Attendee Code: 3567443

If you have any questions regarding completion of the survey, please contact Krista Stephani of Myers and Stauffer LC at (800) 336-7721 or kristas@mslc.com. If you have other questions, please contact Cale Coyle at (208) 364-1817 or coylec@dhw.idaho.gov.

Sincerely,



Sheila Pugatch
Chief, Bureau of Financial Operations

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

Supported Living / Res Hab Services

STATEMENT OF OPERATIONS

For the Period Beginning (choose your most currently ended fiscal period)

and Ending (choose your most currently ended fiscal period)

(Name of Facility)

(Address)

(City, State, Zip)

Medicaid Provider Number

COST SURVEY FILING INSTRUCTIONS

Instructions for Electronic Filing

1. Completion of the electronic form, "Supported Living / Res Hab Services Cost Survey Form," is the required method of filing. If your system is not compatible with Excel, please contact Myers and Stauffer as stated in item 5 below.
2. The Supported Living / Res Hab Services Cost Survey Form is set up as an Excel workbook. There are 9 worksheets within the workbook (Title, Instructions, and Schedules 1 through 7), as seen by the corresponding tabs along the bottom of your screen. To access each worksheet, click on the appropriate tab with your mouse.
3. Every schedule except for the Instructions page requires that some information be keyed. All cells available for input are designated with a yellow background.
4. The file is password protected, as no text, formatting, or other changes are allowed. For this reason, information can only be keyed into the yellow cells. If you require additional lines on a worksheet, please contact Myers and Stauffer via one of the methods described in step 5 below to request a modified version of the file.

User Tip: Using the "Tab" and "Shift Tab" keys during data entry will move you quickly between valid data cells. This will help to avoid navigating through locked cells (and thereby reduce the number of pop-up messages you receive). If you need assistance in using the electronic form, you may contact Myers and Stauffer directly as stated in item 5 above.

5. Two webinar information sessions relating to completing the survey will be conducted.

March 14, 2016 at 11:00 am -- This webinar will walkthrough the survey. To attend:

1. Go to: <https://webinar.mslc.com/?meeting=4558455>
2. Call: 1-888-506-9354
3. Enter Attendee Code: 3567443

March 21, 2016 at 11:00 am -- This will be a question and answer session regarding completing the survey. To attend:

1. Go to: <https://webinar.mslc.com/?meeting=8633859>
2. Call: 1-888-506-9354
3. Enter Attendee Code: 3567443

6. After all schedules have been completed, the file should be transferred electronically to Myers and Stauffer. The survey contains employee wage information and should be sent using either the Myers and Stauffer secure file transfer portal (SFTP) or on a CD or other electronic device.

(a) If you choose to submit using the SFTP site, please contact Krista Stephani via phone at (208) 378-1400 or (800) 336-7721 or via e-mail at kristas@mslc.com to obtain user rights and a password for an SFTP account.

(b) If you choose to submit using a CD or other electronic device, **the files must be password protected to protect your employee wage information.** The password can then be e-mailed to kristas@mslc.com. Please mail the CD or other electronic device to:

Myers and Stauffer LC
Attn: Krista Stephani
8555 W Hackamore Drive, Suite 100
Boise, ID 83709

7. Once your completed survey and other required documents are received, Myers and Stauffer LC may contact you in order to address any questions related to this information.
8. **Completed surveys and supporting documentation are due to Myers and Stauffer LC by April 30, 2016.**

Schedule 1 - Statement of Ownership and Structure

Provider Name -

1. Please identify the type of control your business operates under:

Mark Applicable With "X"

Proprietary for Profit Sole Proprietorship

Proprietary for Profit Partnership

Proprietary for Profit Corporation

Voluntary Non-Profit Corporation

Government - County

Other (please specify)

2. Please Identify any services other than Supported Living / Res Hab Services your business operates (i.e., ICF/ID, DDA, Home Health Agency, Behavioral Health, Vocational Rehabilitation, etc.):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

3. If your business operates in multiple cities, you have the option to submit a cost survey for the operations in each city or you may combine the information into a single cost survey IF THAT IS EASIER FOR YOU. Please select one of the following by marking with an "X" next to the option selected:

☐ This survey is prepared for a single Supported Living / Res Hab location.

Location Name: _____

☐ This survey is prepared for all Supported Living / Res Hab locations.

Locations Included: _____

Schedule 1 - Statement of Ownership and Structure

Schedule 2 - Supplemental Information

Provider Name -

1. Please identify the administrator and owner of the business:

Administrator's Name: _____

Owner's Name: _____

2. You will need to gather your Supported Living / Res Hab expenses from your most recently completed fiscal year that should be 12 months. For most providers, this will be for the calendar year ended 12/31/2015. This data will be used for reporting the expenses on Schedule 3 and should only include expenses related to providing Supported Living / Res Hab services. Below are examples of sources you might use to collect this expense data. Please select the document used and also submit a copy of that record with the completed survey.

Select One	Source Document Used to Complete the Survey	Copy Enclosed?
	Income Statement (Profit & Loss Statement) -- This document identifies all sources of income, gains, expenses, and losses. Generally, this report will list descriptions of the income and expenses along with total amounts related to each category	
	Trial Balance -- This document lists accounts that are in the general ledger. The balance of each account is identified and is usually denoted as either a debit or credit balance. The total of all debits should equal the total of all credits.	
	Latest Filed Income Tax Return -- This document was filed with the IRS. This document should be used <u>only</u> if your accounting records cannot produce an income (P&L) statement or trial balance.	
	Other (Please describe)	

3. If Supported Living / Res Hab expenses are not separately tracked in your accounting records, please identify the method you used to separate these expenses from total operating expenses. Please submit a copy of the allocation calculation with your survey.

If you can identify the Program Related Expenses for each service, but are unable to determine the amount of General and Administrative expense related to Supported Living / Res Hab, a suggested method to allocate these expenses is to allocate based on the Supported Living / Res Hab Program Related Expenses as a percentage of the total of all Program Related Expenses for all services provided. Section F of Schedule 3, Expenses, has a tool to aid you with this calculation.

Schedule 2 - Supplemental Information

4. Schedule 4 will use data from your payroll records related to the periods listed below:

- October 1, 2015 - December 31, 2015
- Current Year-to-Date (YTD) payroll report for all pay periods in calendar year 2016.

If your payroll report will run a single report for October 1, 2015 through your last completed payroll period, that report will be accepted.

Please submit a copy of the payroll document(s) with the completed survey. Please note that this time period is different from the data used to compile the information on Schedule 3, Expenses. The hourly wage information will be used for a separate calculation.

Was a copy of the information requested above included with this submission? If no, please explain.

Yes

☐

No

☐

Schedule 3 - Schedule of Expenses

Provider Name -

I. Program Specific Wages For Direct Hands-On Client Care

1. This section should **only include** wages and employee related expenses (ERE) for staff who provide direct care to Sup, Living / Res Hab clients.
2. **Do not** include any wages/expenses related to non-direct care staffing such as employees who complete the assessments, provider status reviews, management of participant funds, training and oversight, supervision, quality assurance, etc.
3. Non-direct care staffing expenses will be included in the Direct Program Related Expense Section.
4. **Do not** include wages/expenses for an RN or LPN whose time is billed under another Medicaid service.
5. Data on this schedule should be reported for your fiscal year ending in 2015. For most of you, this will be calendar year 2

	Annual Expense	
A. Direct Hands-On Client Caregivers		
1 Direct Caregiver Staff Wages		<i>Includes all wages, bonuses, commissions, over</i>
2 Total Wages		-
B. Employee Related Expenses (ERE) (Employee Benefits Related to Direct Caregiver Staff)		
<i>The benefits reported in this section should relate only to the wages reported in Section A above. Do not include any benefits for any other employees in this section.</i>		
	Annual Expense	
3 Vacation / Sick / Holiday / Personal Leave Pay		
4 Payroll Taxes		<i>Includes Social Security, Medicare, Federal and t</i>
5 Workers' Compensation		<i>Unemployment</i>
6 Health Insurance		<i>Includes Health, Life, Dental, Vision and Short-Te</i>
7 Retirement / 401k		<i>Long-Term Disability</i>
8 Employee Benefits		<i>Includes College Tuition Reimbursement</i>
9 Total Employee Related Benefits		-
10 Total Program Specific Hands on Care Wages and ERE		(Lines 2 + 9) -

Schedule 3 - Schedule of Expenses

Provider Name -

II. Program Related Expense (PRE)

This section should include wages and expenses for all program related costs, which includes any requirements based on regulations. Examples would include wages/expenses related to non-direct care program employees who complete the assessments, plans and provider status reviews, management of participant funds, training and oversight, supervision, quality assurance, etc.

Do not include any wages or benefits already reported in Sections A & B above.

Do not include Wages/expenses for an RN or LPN whose time is billed under another Medicaid service.

	Annual Expense	
C. PRE Wages (include all wages, bonuses, commissions, overtime, etc.)		
11 QIDP Wages		
12 Program Manager Wages		
13 LPN		<i>Exclude any wages that were reimbursed under a Medicaid program</i>
14 RN		<i>Exclude any wages that were reimbursed under a Medicaid program</i>
15 Service Authorization Wages		
16 Data Summary Wages		
17 Scheduling Wages		
18 Bonuses, Commissions, Other		
19 Other PRE Wages (type description)		
20 Other PRE Wages (type description)		
21 Other PRE Wages (type description)		
22 Other PRE Wages (type description)		
23 Total PRE Wages		-

D. Employee Related Expenses (Employee Benefits Related to PRE Wages Above)

The benefits reported in this section should relate only to the wages noted in Section C above.

Do not include any benefits for any other employees in this section.

	Annual Expense	
24 Vacation / Sick / Holiday / Personal Leave Pay		
25 Payroll Taxes		<i>Includes Social Security, Medicare, Federal and State Unemployment</i>
26 Workers' Compensation		
27 Health Insurance		<i>Includes Health, Life, Dental, Vision and Short-Term Long-Term Disability</i>
28 Retirement / 401k		
29 Employee Benefits		<i>Includes College Tuition Reimbursement</i>
30 Total PRE Employee Related Benefits		-

Schedule 3 - Schedule of Expenses

Provider Name -

	E. PRE Non-Wage Expenses	Annual Expense	
31	Company Vehicle Expense		<i>Related to participant care</i>
32	Depreciation		<i>Related to assets used in providing care for the p</i>
			<i>Includes the purchase, lease, and maintenance o</i>
33	Equipment		<i>hardware and software used to create documents</i>
			<i>required by rule and IT support</i>
34	Insurance		<i>Includes property/liability insurance, licenses, per</i>
35	Mileage Expense		<i>accreditation as required by rule</i>
36	New Hire Costs		<i>Related to participant care</i>
			<i>Includes staff recruitment and background checks</i>
			<i>Includes rent, utilities, maintenance/upkeep, inspi</i>
			<i>furniture for participant use, storage for participan</i>
			<i>retention, compliance with facility standards, prop</i>
37	Occupancy Expense		<i>taxes</i>
38	Phone/Pager		
39	Postage		<i>Associated with required correspondence</i>
40	Program/Medical Supplies		<i>Includes files, paperwork, assessments, gloves, t</i>
			<i>Including First Aid, CPR, Medication Assistance,</i>
			<i>new hire orientation, 12 hours required annual tra</i>
41	Training		<i>resources, and materials</i>
	Other Direct Program Expense (type		
42	description)		
	Other Direct Program Expense (type		
43	description)		
	Other Direct Program Expense (type		
44	description)		
	Other Direct Program Expense (type		
45	description)		
	Other Direct Program Expense (type		
46	description)		
	Other Direct Program Expense (type		
47	description)		
48	Total PRE Non-Wage Expense	-	
49	Total PRE Expense		(Lines 23 + 30 + 48) -
50	Grand Total all Supported Living Services		(Lines 10 + 49) -

Schedule 3 - Schedule of Expenses

Provider Name -

III. General and Administrative Expenses (G & A)

G&A expenses are general expenses related to operating your business, but they are not related to direct hands-on patient care.

The expenses reported in this section include expenses that relate to services necessary to operate the Supported Living / Res business, but they are not identified in the regulations as direct program related expenditures. These expenses should **not** duplicate any of the expenses reported above.

F. Allocation Percentages

Typically, G&A expenses are related to all of your different operations and the cost must be allocated to each program or business. If you have opted to allocate your G&A expenses using the direct expenses for each program.

If your operation ONLY provides Supported Living / Res Hab services, and provides no other services, then 100% of your G&A expenses are related to your Supported Living / Res Hab program.

If your operation provides other services not related to the Supported Living / Res Hab program, then your G&A expenses are allocated based on the direct expenses of each of those programs or businesses. On Schedule 1, item #2, you already identified those programs or businesses. The direct expenses of each of those programs or businesses should be reported in this section. The G&A expenses will be allocated based on the direct expenses of each operation.

F.1 Identify services (other than Supported Living / Res Hab) that are provided.

	Service Type From Schedule 1 (this column copies from your data entry on Schedule 1, #2)	Direct Expenses of Program or Business	% of Total	
51	Supported Living Expenses (from Line 48 above)	-	0.00%	Total G&A below will be allocated to Supported Living below using the following percentages:
52			0.00%	
53			0.00%	
54			0.00%	
55			0.00%	
56			0.00%	
57			0.00%	
58			0.00%	
59			0.00%	
60	Total	-	0.00%	

Schedule 3 - Schedule of Expenses

Provider Name - _____

F.2 G & A Wages (include all wages, bonuses, commissions, etc.)

Using your accounting records for all of your shared G&A expenses, input the total expenses for each expense category below. The grand total will be allocated to your Supported Living / Res Hab cost category using the % calculated in Line 49 above.

	Annual Expense	Line 49 Supported Living %	Supported Living Allocation
61 Administrator Wages			
62 Office and Clerical Wages			
63 Other Admin Wages (type description)			
64 Other Admin Wages (type description)			
65 Other Admin Wages (type description)			
66 Other Admin Wages (type description)			
67 Other Admin Wages (type description)			
68 Other Admin Wages (type description)			
69 Other Admin Wages (type description)			
70 Other Admin Wages (type description)			
71 Other Admin Wages (type description)			
72 Total G & A Wages	-	0.00%	-

G. Employee Related Expenses (Employee Benefits Related to G & A Wages Above)

The benefits reported in this section should relate only to the wages noted in Section F.2 above. **Do not** include any benefits for other employees in this section.

	Annual Expense	Line 49 Supported Living %	Supported Living Allocation
73 Vacation / Sick / Holiday / Personal Leave Pay			
74 Payroll Taxes			<i>Includes Social Security, Medicare, Federal and State Unemployment</i>
75 Workers' Compensation			
76 Health Insurance			<i>Includes Health, Life, Dental, Vision and Short-Term Long-Term Disability</i>
77 Retirement / 401k			
78 Employee Benefits			<i>Includes College Tuition Reimbursement</i>
79 Total G & A Employee Related Benefits	-	0.00%	-

H. G & A Non-Wage Expenses

80 Accounts Collection	
81 Accounting	
82 Auto and Travel, Not related to PRE above	
83 Bank and Finance Charges	
84 Depreciation, Not related to PRE above	
85 Dues, Licenses & Subscriptions, Not related to PRE above	
86 Employee Recruitment, Not related to PRE	
87 Equipment Expense, Not related to PRE above	
88 Home Office Costs, If part of a chain, this is an allocation of any expenses related to a central office	

Schedule 3 - Schedule of Expenses

Provider Name -

89	Interest, Working Capital			
90	Legal and Other			
91	Occupancy Expense, Not related to PRE above			
92	Office Supplies			
93	Postage, Not related to PRE above			
94	Property and Malpractice/Liability Insurance, Not related to PRE above			
95	Property Tax, not related to PRE above			
96	Telephone and Communications, Not related to PRE above			
97	Training, Not related to PRE above			
98	Miscellaneous			
99	Other Administrative & General Expense (type description)			
100	Other Administrative & General Expense (type description)			
101	Other Administrative & General Expense (type description)			
102	Other Administrative & General Expense (type description)			
103	Other Administrative & General Expense (type description)			
104	Other Administrative & General Expense (type description)			
105	Total G & A Non-Wage Expense	-	0.00%	-
106	Total G & A Expense Allocated to Supported Living		(Lines 72 + 79 + 105)	-
107	Grand Total All Supported Living Expenses		(Lines 50 + 106)	-

**Schedule 5 - Supported Living Services / Res Hab
Direct Caregiver Staff Bonus Information**

Provider -

Please identify bonuses paid to your employees that provide direct care to your Supported Living / Res Hab program clients. The bonus information should reflect the total bonuses paid out during a full fiscal year period. The time period reflected here should be during the same annual period used to complete Schedule 3. Please submit a copy of the document used to compile this information.

Employee Name	Job Title	Bonus Paid	Annual Hours Worked

Schedule 6 - Information Related to Implementation of the Affordable Care Act (ACA)

Provider -

1. Date that Affordable Care Act (ACA) requirements were **fully** implemented: _____
2. Identify the monthly expense that is paid for health insurance for the three months following **full** implementation of ACA. If the third month was not complete by time of survey submission, fill out the estimated cost during that month.

	Identify Month, Year	Monthly Health Insurance Expense
Month 1	_____	_____
Month 2	_____	_____
Month 3	_____	_____

3. Identify the annual cost of providing health insurance during the 3 fiscal periods **prior to full** implementation of ACA.

	Annual Period Ended	Annual Health Insurance Expense
1 Year Prior	_____	_____
2 Years Prior	_____	_____
3 Years Prior	_____	_____

4. A copy of the documentation used to complete this section of the survey is included with the survey submission. If no, please explain.

Yes _____

No _____

Schedule 7 - Certification Statement

CERTIFICATION BY OFFICER OF ADMINISTRATOR OF PROVIDER(S)

I certify that the information reflected herein is true and accurate to the best of my ability, and supported by our financial and other records. I understand that this information will be used to identify expenses related to providing Supported Living / Res Hab Services.

0

Facility

01/00/00

For the Period Beginning

01/00/00

and Ending

Signature

Print Name

Title

Contact Phone Number

Contact E-Mail Address

Date